

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1	X	X					51							
2							52							
3	X	X					53							
4		1					54							
5							55							
6		1					56							
7	X	X					57							
8	X	X					58							
9	1						59							
10	1						60							
11	X	X					61							
12	X	X					62							
13	X	X					63							
14	1						64							
15	X	X					65							
16	X	X					66							
17	X	X					67							
18	1						68							
19	1						69							
20	X	X					70							
21	X	X					71							
22	X	X					72							
23	1						73							
24	X	X					74							
25	X	X					75							
26	X	X					76							
27	1						77							
28	1						78							
29	X	X					79							
30	X	X					80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	9						TOTAL IND.							
TOTAL DEP.	3						TOTAL DEP.							
TOTAL CLAIMS	12						TOTAL CLAIMS							